

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO. 107019738 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1	/		/	/	51					
2			/	/	52					
3			/	/	53					
4			/	/	54					
5					55					
6					56					
7					57					
8					58					
9					59					
10					60					
11					61					
12					62					
13					63					
14					64					
15					65					
16					66					
17					67					
18					68					
19					69					
20					70					
21					71					
22					72					
23					73					
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25					75					
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28					78					
29					79					
30					80					
31					81					
32					82					
33					83					
34					84					
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36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	1		1		TOTAL IND.					
TOTAL DEP.	3	3	3	3	TOTAL DEP.					
TOTAL CLAIMS	4	4	3	3	TOTAL CLAIMS					

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CLAIMS ONLY							Application Number 10/019738	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AMENDMENT		AMENDMENT		AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	
2	/						52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
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24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep	/						Total Indep	
Total Depend	3						Total Depend	
Total Claims	3						Total Claims	